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05/20/2005 GWOROF2 00000007 09973205

01 FC:1501 1400.00 DA

02 FO:8001 12.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/973,205	10/09/2001	Seppo T. Vahasalo	PKR 2 0668	5802

Certificate of Mailing or Transmission

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Patricia A. Heim

(Depositor's name)

Patricia A. Heim

(Signature)

May 16, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/973,205	10/09/2001	Seppo T. Vahasalo	PKR 2 0668	5802

05/20/2005 GWOROF2 00000007 141270 09973

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APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	06/29/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHAW, SHAWNA JEANNINE	3737	600-410000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Fay, Sharpe, Fagan,
Minnich & McKee LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Koninklijke Philips Electronics N.V.

Eindhoven, The Netherlands

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies 4

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- The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-1270 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Tom Lundin*

Date May 16, 2005

Typed or printed name Thomas M. Lundin

Registration No. 48,979

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